

**CONTRACT #7**  
**RFS # 318.66-023**

**Department of F&A/Bureau  
of TennCare**

**VENDOR:**  
**Tennessee Behavioral Health**



STATE OF TENNESSEE  
BUREAU OF TENNCARE  
729 CHURCH STREET  
NASHVILLE, TENNESSEE 37247-6501

February 1, 2005

Mr. Jim White, Director  
Fiscal Review Committee  
G-19 War Memorial Building  
Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for review by the Fiscal Review Committee the behavioral health contract amendments listed below. Each of these contractors provide behavioral health services to enrollees in the TennCare Partners Program. These amendments transfer methadone benefits to the BHOs throughout the term of the contracts and changes the references to Early Periodic Screening, Diagnosis and Treatment (EPSDT) to TENNderCare. Additionally, these amendments modify appeals language to meet the Balanced Budget Act regulations included in CMS Checklist for Managed Care Contract Approval as well as broaden the Title VI language regarding Non-Compliance discrimination. The maximum liability and capitation rates have been adjusted as necessary due to changes in enrollment.

<u>Behavioral Health Organization</u>	<u>Current Funding</u>	<u>Amended Funding</u>
Tennessee Behavioral Health, Inc. FA-05-16089-01 Tennessee East Grand Region	\$260,132,262.00	\$254,586,310.00
Tennessee Behavioral Health, Inc. FA-01-14661-10	\$753,538,570.00	\$759,084,522.00
Premier Behavioral Health Systems Of Tennessee, LLC FA-01-14662-11	\$1,119,939,714.00	\$1,125,485,666.00

**Mr. Jim White, Director  
Fiscal Review Committee  
Page 2**

**The amendment of these contracts is necessary to continue with the Behavioral Health services provided by the TennCare Program. We would greatly appreciate the approval of these amendments by the Fiscal Review Committee.**

**Sincerely,**

A handwritten signature in cursive script, appearing to read "Keith Gaither".

**Keith Gaither  
Deputy Chief Financial Officer**

# REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance &amp; Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.  
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT  
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS # 318.66-023

STATE AGENCY NAME : Department of Finance and Administration  
Bureau of TennCareSERVICE CAPTION : Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the  
TennCare/Medicaid Population

CONTRACT # FA-01-14661-00

PROPOSED AMENDMENT # 10

CONTRACTOR : Tennessee Behavioral Health, Inc.

CONTRACT START DATE : 01/01/2001

CURRENT, LATEST POSSIBLE END DATE : 12/31/2005  
(including ALL options to extend)

CURRENT MAXIMUM LIABILITY : \$753,538,570.00

LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : 12/31/2005  
(including ALL options to extend)TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : \$759,084,522.00  
(including ALL options to extend)APPROVAL CRITERIA :  
(select one)

use of Non-Competitive Negotiation is in the best interest of the state



only one uniquely qualified service provider able to provide the service

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

This amendment transfers methadone benefits to the BHO and changes the references to Early Periodic Screening, Diagnosis and Treatment (EPSDT) to TENNderCare. Additionally, this amendment modifies appeals language to meet the Balanced Budget Act regulations included in CMS Checklist for Managed Care Contract Approval as well as broaden the Title VI language regarding Non-Compliance discrimination. The maximum liability and capitation rates have been adjusted as necessary.

**(2) explanation of need for the proposed amendment :**

This amendment is needed in order to order to be compliant with CMS regulations regarding regarding non-compliance and Balanced Budget Act regulations and remove exclusions provide for the transfer of methadone benefits to the BHO.

**(3) name and address of the proposed contractor's principal owner(s) :**  
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer  
Magellan Behavioral Health  
199 Pomeroy Road, 3rd Floor  
Parsippany, New Jersey 07054

**(4) documentation of OIR endorsement of the Non-Competitive procurement request :**  
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :**  
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :**

This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will ensure that services to recipients will continue without interruption.

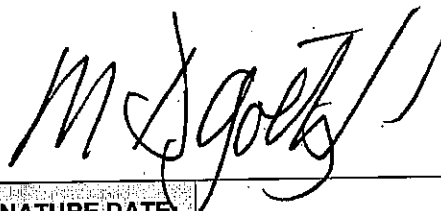
**(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :**

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served.. Based on the network of providers that Tennessee Behavioral Health, Inc. currently has, TennCare is confident that the modifications of this agreement will prevent any disruption of services to enrollees, as well as bring the contract in compliance with CMS regulations.

**AGENCY HEAD REQUEST SIGNATURE:**

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE



not

**CONTRACT SUMMARY SHEET**

<b>RFS Number:</b>	318.66-023	<b>Contract Number:</b>	FA 01-14661-10
<b>State/Agency:</b>	Department of Finance and Administration	<b>Division:</b>	TennCare
<b>Contractor:</b>		<b>Contractor Identification Number:</b>	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

<b>Service Description:</b>
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

<b>Contract Begin Date:</b>	<b>Contract End Date:</b>
1/1/2001	12/31/2005

<b>Allotment Code:</b>	<b>Cost Center:</b>	<b>Object Code:</b>	<b>Fund:</b>	<b>Grant:</b>	<b>Grant Code:</b>	<b>Subgrant Code:</b>
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
					\$0.00
<b>Total:</b>	\$271,896,463.00	\$487,188,059.00	\$0.00	\$0.00	\$759,084,522.00

<b>CFDA Number:</b>	93.778 Secretary of Health & Human Services	<b>Check the box (below) ONLY if the answer is YES:</b>	
<b>State Fiscal Contact:</b>		<b>Is the Contractor a SUBRECIPIENT? (per OMB A-133)</b>	X
<b>Name:</b>	Scott Pierce	<b>Is the Contractor a VENDOR? (per OMB A-133)</b>	
<b>Address:</b>	729 Church Street Nashville, TN	<b>Is the Fiscal Year Funding STRICTLY LIMITED?</b>	
<b>Phone:</b>	615-532-1362	<b>Is the Contractor on STARS?</b>	
<b>Procuring Agency Budget Officer Signature:</b>		<b>Is the Contractor's FORM W-9 ATTACHED?</b>	

<b>Funding Certification:</b>
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<b>COMPLETE FOR ALL AMENDMENTS (only)</b>		
<b>Base Contract &amp; Prior Amendments</b>	<b>This Amendment ONLY</b>	

<b>End Date &gt;</b>	12/31/2005	
<b>FY:</b>	2001	\$71,950,400.00
<b>FY:</b>	2002	\$153,744,565.00
<b>FY:</b>	2003	\$134,510,200.00
<b>FY:</b>	2004	\$112,215,313.00
<b>FY:</b>	2005	\$281,118,092.00
<b>FY:</b>		\$5,545,952.00
<b>Totals:</b>		\$753,538,570.00
		\$5,545,952.00

RECEIVED  
JAN 30 2005  
Office of Contract Services

**AMENDMENT NUMBER 10**

**PROVIDER RISK CONTRACT**

**BETWEEN**

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES**

**AND**

**TENNESSEE BEHAVIORAL HEALTH, INC.  
IN THE MIDDLE AND WEST TENNESSEE GRAND REGIONS**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 2.5.1, Table 1: Covered Behavioral Health Benefits shall be modified by deleting footnote number two and renumbering the remaining footnote accordingly.
2. The title to Section 2.5.7 shall be changed from "Early Periodic Screening, Diagnosis & Treatment" to "TENNderCare".
3. Section 2.5.7.1 shall be modified by adding the following after the second sentence, "The federal Early Periodic Screening, Diagnosis & Treatment (EPSDT) program shall be referred to as TENNderCare and all **Enrollee** and provider materials shall contain the term and logo for TENNderCare as of January 1, 2005."
4. With the exception of Section 2.5.7.1, all references to "Early Periodic Screening, Diagnosis & Treatment" and "EPSDT" in the CONTRACT shall be changed to "TENNderCare".
5. Beginning with the title to Section 3.4.2 and throughout the contract, statements regarding "cost sharing" or "cost share" responsibilities for Enrollees that do not already have the "**TennCare**" qualifier shall be clarified by adding **TennCare** before the word "cost".

6. Section 3.5.2.2 shall be amended by changing the last sentence to read, "The failure of the **Contractor** to act upon a request for prior approval within fourteen (14) calendar days, or twenty-one (21) calendar days if an extension is granted, shall result in automatic authorization of the requested, covered medically necessary service unless the service is contraindicated."
7. Section 3.6.2.1.1 shall be modified by adding the following two sentences to the beginning of the section, "The **Contractor** shall update or develop their member handbooks annually unless a longer period of time is approved by **TDMHDD**. As described by **TDMHDD**, the annual requirement to update and/or develop member handbooks may be delayed as the result of major modifications and/or reform efforts being implemented in the **TennCare** program."
8. Section 3.6.2.1.17 shall be amended by deleting the "and" at the end of the section, Section 3.6.2.1.18 shall be amended by deleting the period at the end and replacing it with "; and", and a new Section 3.6.2.1.19 shall be added that reads, "Notice to the Enrollee of the right to file a complaint as is provided for by Title VI or the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35) and a complaint form on which to do so."
9. Section 3.6.2.2 shall be amended by adding the following sentences to the end of the section, "Identification cards must be submitted to **TDMHDD** for prior approval, in accordance with Section 3.6.4. Prior to modifying an approved identification card, the **Contractor** shall submit for approval by **TDMHDD** a detailed description of the proposed modification."
10. Section 3.6.2.4.3 shall be amended by renumbering it 3.6.2.4.5. The new 3.6.2.4.3 shall read, "A notice to Enrollees of the right to file a complaint, as is provided for by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35), and a Contractor phone number for doing so. The notice in the newsletter shall be in English and in Spanish; and"
11. A new Section 3.6.2.4.4 shall be added that reads, "TENnderCare information, including but not limited to, encouragement to obtain screening and other preventive care services; and".



12. Section 3.7.1.2.10 shall be amended to read as follows:

A staff person who is responsible for non-discrimination compliance in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, and the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35). Non-discrimination compliance need not be the sole function of the designated staff member. The **Contractor** shall identify the designated non-discrimination compliance staff member to **TDMHDD** by name. At such time this function is redirected, the name of the staff member who assumed the duties shall be reported in writing to **TDMHDD** within five (5) business days of the change.

13. Section 3.8.5.1 shall be amended to read as follows:

A listing of all providers enrolled in the **Contractor's** provider network including, but not limited to, agencies and individual physicians, mental health case management agencies, psychologists, licensed clinical social workers, registered nurses, nurse practitioners, certified alcohol and drug abuse counselors, other mental health or substance abuse professionals, pharmacies, hospitals, etc. This listing shall include regularly enrolled providers, specialty or referral providers, and any other provider which may be enrolled for purpose of payment for services provided out-of-plan. This information shall be reported in standardized formats as specified by **TennCare** and **TDMHDD** and transmitted accordingly to **TennCare** and **TDMHDD** on a monthly basis. The minimum data elements required by **TDMHDD** for this listing can be found in Attachment D.1 of this CONTRACT. Failure of the **Contractor** to provide monthly updates may result in the application of liquidated damages as described in Section 5.3.3 and Attachment E.

14. A new Section 3.9.2.54 shall be added that reads, "Require the provider to comply and submit to the Contractor disclosure of information in accordance with the requirements specified in 42 CFR, Part 455, Subpart B."

15. Section 3.12.2, Provider Enrollment Reporting, shall be amended by deleting "quarterly" and replacing it with "monthly" as it appears in the third sentence.

16. Section 3.17, Title VI Information, shall be re-titled "Non-Discrimination Compliance" and the section's paragraph shall be amended to read, "The **Contractor** shall provide instruction on non-discrimination compliance for its staff including, but not limited to, the designated staff person for civil rights, and all direct service subcontractors regarding the procedure. The **Contractor** shall further submit the following to **TDMHDD**:".

17. Section 3.17.1 shall be deleted in its entirety and the remaining sections shall be renumbered accordingly.

18. The newly renumbered Section 3.17.4, previously Section 3.17.5, shall be amended to read as follows:

On a quarterly basis, a listing of all complaints/appeals filed by employees, (when the complaint is related to **TennCare** benefits provided by the **Contractor**) **Enrollees**, providers, and subcontractors in which discrimination is alleged in the **Contractor's TDMHDD** Plan. Such listing shall include, at a minimum, the identity of the complainant, the circumstances of the complaint/appeal, date complaint/appeal filed, the complainant's relationship to the **Contractor**, **Contractor's** resolution, if resolved, and name of **Contractor** staff person responsible for adjudication of complaint/appeal.

19. The second sentence in Section 4.7.1, Maximum Liability and Allocation of Funds to this Contract, shall be amended to read, "In no event shall the maximum liability of the State for the **TennCare Partners Program** in the Middle and West Tennessee grand regions exceed two hundred eighty-six million, six hundred sixty-four thousand, forty-four (286,664,044.00) dollars for the contract period of July 1, 2004 through June 30, 2005."
20. Section 4.7.2.1, Calculation of Capitation Payments, shall be amended under the heading "Capitation Rates" to read as follows:

"The following Capitation Rates and payment amounts shall be applicable to this CONTRACT.

For the period beginning July 1, 2004, the total amount of funding available for monthly capitation payments is derived from the maximum liability stated in 4.7.1 above. This amount shall be amended subject to actual funds appropriated by the State Legislature and allocated to this program by the Commissioner of the Department of Mental Health and Developmental Disabilities and **TennCare**. Each month **TennCare** will calculate the number of **TennCare** enrolled **Priority Enrollees** in each BHO. The **Contractor** will receive the payment rate of \$317.60 for each **TennCare** enrolled **Priority Enrollee** in its plan from July 1, 2004 through June 30, 2005 less any applicable adjustments for coinsurance. The remaining amount available from the monthly capitation payment will be divided by the remaining **TennCare Partners Program Enrollees**, including State only **Enrollees** described in Section 2.2.3 of this CONTRACT, who are not enrolled in **TennCare**. A variable capitation rate will be determined for each of these **Enrollees** and paid to the BHO according to the number of **Enrollees** in its plan."

21. Step 1.2 in Section 4.7.2.1 shall be amended to read, "Each month through June 2005, each participating **TennCare Partners Program** for the Middle and West Grand Regions under this CONTRACT shall receive a payment of \$317.60 for each Priority Enrollee enrolled in their plan, as determined by **TennCare**."

22. The term Medically Necessary and its definition in Attachment A shall be amended to read as follows:

**Medical Necessity** – Services or supplies provided by an institution, physician, or other provider that are required to identify or treat an **Enrollee's** illness, disease, or injury and which are:

- a. Consistent with the symptoms or diagnosis and treatment of the **Enrollee's** illness, disease, or injury;
- b. Appropriate with regard to standards of good medical practice;
- c. Not solely for the convenience of an **Enrollee**, physician, institution or other provider;
- d. The most appropriate supply or level of services that can safely be provided to the **Enrollee**. When applied to the care of an inpatient, **Medically Necessary** further means services for the **Enrollee's** medical symptoms or condition require the services and cannot be safely provided to the **Enrollee** as an outpatient; and
- e. When applied to **TennCare Enrollees** under 21 years of age, services shall be provided in accordance with Early, Periodic Screening, Diagnosis and Treatment requirements including federal regulations as described in 42 CRF Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989.

23. The term "Participant" shall be changed to "Enrollee" throughout the contract.

24. Contract citations within the body of the contract affected by contents of this amendment shall be modified accordingly.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

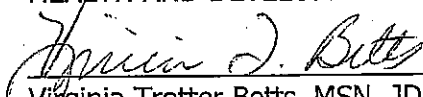


Russell C. Petrella, Ph.D.  
Vice-President  
Tennessee Behavioral Health, Inc.

1/11/05

DATE

TENNESSEE DEPARTMENT OF MENTAL  
HEALTH AND DEVELOPMENTAL DISABILITIES



Virginia Trotter Betts, MSN, JD, RN, FAAN  
Commissioner

1/12/05

DATE

TENNESSEE DEPARTMENT OF  
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.

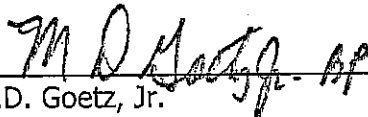
M.D. Goetz, Jr.  
Commissioner

1/27/05

DATE

APPROVED:

TENNESSEE DEPARTMENT OF  
FINANCE AND ADMINISTRATION:



M.D. Goetz, Jr.  
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan  
Comptroller of Treasury

DATE

**CONTRACT SUMMARY SHEET**

<b>RFS Number</b>	318.66-023	<b>Contract Number</b>	FA 01-14661-09
<b>State/Agency</b>	Department of Finance and Administration	<b>Division</b>	TennCare
<b>Contractor</b>		<b>Contractor Identification Number</b>	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

**Service Description**

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

<b>Contract Begin Date</b>	<b>Contract End Date</b>
1/1/2001	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00	
2005	\$99,213,603.00	\$184,181,086.00			\$281,118,092.00	
					\$0.00	
<b>Total:</b>	\$269,946,322.00	\$485,868,845.00	\$0.00	\$0.00	\$753,538,570.00	

<b>CFDA Number:</b>		<b>Check the box (below) ONLY if the answer is YES</b>
<b>State Fiscal Contact</b>		<b>Is the Contractor a SUBRECIPIENT? (per OMB A-133)</b>
Name: Scott Pierce		<b>Is the Contractor a VENDOR? (per OMB A-133)</b>
Address: 729 Church Street Nashville, TN		<b>Is the Fiscal Year Funding STRICTLY LIMITED?</b>
Phone: 615-532-1362		<b>Is the Contractor on STARS?</b>
<b>Procuring Agency Budget Officer Signature</b>		<b>Is the Contractor's FORM W-9 ATTACHED?</b>
		<b>Is the Contractor's Form W-9 Filed with Accounts?</b>
		<b>Funding Certification</b>

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
<b>End Date &gt;</b>	6/30/2004	12/31/2005
<b>FY</b> 2001	\$71,950,400.00	
<b>FY</b> 2002	\$153,744,565.00	
<b>FY</b> 2003	\$134,510,200.00	
<b>FY</b> 2004	\$112,215,313.00	
<b>FY</b> 2005		\$281,118,092.00
<b>Totals:</b>	\$472,420,478.00	\$281,118,092.00

**CONTRACT SUMMARY SHEET**

<b>RFS Number</b>	318.66-023	<b>Contract Number</b>	FA 01-14661-08
<b>State/Agency</b>	Department of Finance and Administration	<b>Division</b>	TennCare
<b>Contractor</b>		<b>Contractor Identification Number</b>	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

**Service Description**

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

<b>Contract Begin Date</b>	<b>Contract End Date</b>
1/1/2001	6/30/2004

<b>Allotment Code</b>	<b>Cost Center</b>	<b>Object Code</b>	<b>Fund</b>	<b>Grant</b>	<b>Grant Code</b>	<b>Subgrant Code</b>
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
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2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
					\$0.00
<b>Total</b>	\$170,732,719.00	\$301,687,759.00	\$0.00	\$0.00	\$472,420,478.00

<b>CFDA Number</b>		<b>Check the box (below) ONLY if the answer is YES</b>	
<b>State Fiscal Contract</b>		<b>Is the Contractor a SUBRECIPIENT? (per OMB A-133)</b>	X
<b>Name</b>	Scott Pierce	<b>Is the Contractor a VENDOR? (per OMB A-133)</b>	
<b>Address</b>	729 Church Street Nashville, TN	<b>Is the Fiscal Year Funding STRICTLY LIMITED?</b>	
<b>Phone</b>	615-532-1362	<b>Is the Contractor on STARS?</b>	
<b>Procuring Agency Budget Officer Signature</b>		<b>Is the Contractor's FORM W-9 ATTACHED?</b>	
		<b>Is the Contractor's Form W-9 Filed with Accounts?</b>	

<b>Funding Certification</b>	
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	

<b>COMPLETE FOR ALL AMENDMENTS (only)</b>		
	Base Contract & Prior Amendments	This Amendment ONLY
<b>End Date &gt;</b>	6/30/2004	
<b>FY</b>	2001	\$71,950,400.00
<b>FY</b>	2002	\$153,744,565.00
<b>FY</b>	2003	\$134,510,200.00
<b>FY</b>	2004	\$112,215,313.00
<b>FY</b>	2005	
<b>FY</b>		

RECEIVED  
2004 SEP 29 PM 1:15  
OFFICE OF  
MANAGEMENT SERVICES

# CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-07
State/Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

## Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2004

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2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
					\$0.00
					\$0.00
Total	\$170,732,719.00	\$301,687,759.00	\$0.00	\$0.00	\$472,420,478.00

CFDA Number	Check the box (below) ONLY if the answer is YES	
State/Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

*Dean Daniel 2/27/04*

## COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	3/31/2005	6/30/2004
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$84,161,485.00	\$28,053,828.00
FY		
FY		
Totals	\$444,366,650.00	\$28,053,828.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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# CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-06
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

## Service Description:

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	3/31/2004

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$29,921,512.00	\$54,239,973.00			\$84,161,485.00
					\$0.00
					\$0.00
Total:	\$160,758,882.00	\$283,607,768.00	\$0.00	\$0.00	\$444,366,650.00

CFDA Number:	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:	Is the Contractor's EORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

*Dean Daniel 12/9/03*

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	12/31/2003	3/31/2004
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$56,107,656.00	\$28,053,829.00
FY		
FY		
Totals:	\$416,312,821.00	\$28,053,829.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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SERVICES



## CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14861-05
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

## Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:

Contract End Date:

1/1/2001

12/31/2003

Allocation Code	Cost Center	Support Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include all amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$19,947,674.00	\$36,159,982.00			\$56,107,656.00	
					\$0.00	
					\$0.00	
<b>Totals</b>	<b>\$150,785,044.00</b>	<b>\$265,527,777.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$416,312,821.00</b>	

CFDA Number:

State Fiscal Control:

Name: Dean Daniel  
 Address: 729 Church Street Nashville, TN  
 Phone: 615-532-1362

Procuring Agency Budget Officer Signature:

*Dean Daniel 1/14/04*

Check the box below ONLY if the answer is YES

Is the Contractor a SUBSIDIARY of a CME or PMS?	X
Is the Contractor EXEMPT from CME or PMS?	
Is the Fiscal Year Funding Streamlined?	
Is the Contractor on STARS?	
Is the Contractor's Form W-9 Attached?	
Is the Contractor's Form W-9 Filed with Accounts?	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS ONLY

	Base Contract & Amendments	This Amendment ONLY
End Date:	12/31/2003	
FY	2001	\$71,950,400.00
FY	2002	\$153,744,565.00
FY	2003	\$134,510,200.00
FY	2004	\$56,107,656.00
FY		
FY		
<b>Totals</b>	<b>\$416,312,821.00</b>	<b>\$0.00</b>

# CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA-01-14661-0504
State Agency:	Department of Finance and Administration Department of Mental Health and Developmental Disabilities	Division:	Bureau of TennCare

Contractor	Contractor Identification Number
Tennessee Behavioral Health, Inc.	<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-
621621636-00	

Service Description
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
01/01/2001	12/31/2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000.00	\$45,814,400.00			\$ 71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$ 153,744,565.00
2003	\$ 48,857,500.00	\$85,652,700.00			\$ 134,510,200.00
2004	\$19,947,674	\$36,159,982			\$56,107,656
Total:	\$150,785,044	\$265,527,777			\$416,312,821.00

CFDA #	93.778	Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel Address: 729 Church Street Phone: Nashville, TN (615) 532-1362		Is the Contractor a VENDOR? (per OMB A-133)	
Procuring Agency Budget Officer Approval Signature		Is the Fiscal Year Funding STRICTLY LIMITED?	
Dean Daniel <i>Dean Daniel 6/30/03</i>		Is the Contractor on STARS?	
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	06/30/2003	12/31/2003	
FY: 2001	\$71,950,400.00		
FY: 2002	\$153,744,565.00		
FY: 2003	\$ 134,510,200.00		
FY: 2004		\$56,107,656	
FY:			
Total:	\$360,205,165.00		

# C O N T R A C T S U M M A R Y S H E E T

<b>RFS Number:</b> 318.66-023		<b>Contract Number:</b> FA-01-14661-03	
<b>State Agency:</b> Department of Finance and Administration Department of Mental Health and Developmental Disabilities		<b>Division:</b> Bureau of TennCare	
<b>Contractor:</b> Tennessee Behavioral Health, Inc.		<b>Contractor Identification Number:</b> 621621636-00	
		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	
<b>Service Description:</b> Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population			
<b>Contract Begin Date:</b> 01/01/2001		<b>Contract End Date:</b> 06/30/2003	
<b>Allotment Code:</b> 318.66	<b>Cost Center:</b> 131	<b>Object Code:</b> 134	<b>Fund:</b> 11
		<input type="checkbox"/> on STARS	
<b>FY:</b>	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total Contract Amount (including ALL amendments)</b>
2001	\$26,136,000.00	\$45,814,400.00	\$ 71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00	\$ 153,744,565.00
2003	\$ 48,857,500.00	\$85,652,700.00	\$ 134,510,200.00
<b>Total:</b>	<b>\$130,837,370.00</b>	<b>\$229,367,795.00</b>	<b>\$360,205,165.00</b>
<b>CFDA #</b> 93.778		Check the box ONLY if the answer is YES	
<b>State Fiscal Contact</b>		<b>Is the Contractor a SUBRECIPIENT? (per OMB A-133)</b>	
<b>Name:</b> Dean Daniel		<b>Is the Contractor a VENDOR? (per OMB A-133)</b>	
<b>Address:</b> 729 Church Street		<b>Is the Fiscal Year Funding STRICTLY LIMITED?</b>	
<b>Phone:</b> Nashville, TN (615) 532-1362		<b>Is the Contractor on STARS?</b>	
<b>Procuring Agency Budget Officer Approval Signature</b>		<b>Is the Contractor's FORM W-9 ATTACHED?</b>	
Dean Daniel		<b>Is the Contractors Form W-9 Filed with Accounts?</b>	
<b>COMPLETE FOR ALL AMENDMENTS (only)</b>		<b>Funding Certification</b>	
<b>Base Contract &amp; Prior Amendments</b>	<b>This Amendment ONLY</b>	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
<b>END DATE →</b> 06/30/2003			
<b>FY: 2001</b>	\$71,950,400.00		
<b>FY: 2002</b>	\$153,744,565.00		
<b>FY: 2003</b>	\$ 107,297,100.00		
<b>FY:</b>			
<b>Total:</b>	<b>\$332,992,065.00</b>	<b>\$27,213,100</b>	

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# CONTRACT SUMMARY SHEET

RES Number	318.66-023			Contract Number	FA-01-14661-02		
Agency	Department of Finance and Administration and the Department of Mental Health and Developmental Disabilities			Division	Bureau of TennCare		
Contractor				Contract Identification Number			
Tennessee Behavioral Health, Inc.				<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	621621636-00		
Service Description							
Behavioral Health Organization Services / Necessary Behavioral Services to the TennCare/Medicaid Population							
Contract Begin Date				Contract End Date			
1/1/01				6/30/03			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	131	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including All amendments)		
2001	\$ 26,136,000.00	\$ 45,814,400.00			\$ 71,950,400.00		
2002	\$ 55,843,870.00	\$ 97,900,695.00			\$ 153,744,565.00		
2003	\$ 38,248,200.00	\$ 69,048,900.00			\$ 107,297,100.00		
Total	\$ 120,228,070.00	\$ 212,763,995.00			\$ 332,992,065.00		
CFDA#	93.778			Check the box ONLY if the answer is YES			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Dean Daniel 729 Church Street Nashville, TN (615)532-1362				Is the Contractor a Vendor? (per OMB A-133)			
				Is the Fiscal Year Funding STRICTLY LIMITED?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor on STARS?			
Dean Daniel <i>Dean Daniel</i> 7/1/02				Is the Contractor's FORM 10 ATTACHED?			
				Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)							
	Base Contract & Prior Amendments	This Amendment ONLY					
END DATE	6/30/03	6/30/03					
FY: 01	\$71,950,400.00	\$0.00					
FY: 02	\$153,744,565.00	\$0.00					
FY: 03	\$153,744,565.00	-\$46,447,465.00					
Total	\$379,439,530.00	-\$46,447,465.00					
Funding Certification							
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							

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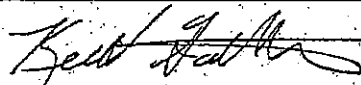
Contract Number <b>FA-01-14661</b> -01	State Agency Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities	Division 318.66
FS Number 318.66-023	Vendor ID Number 621621636-00	

Contractor Tennessee Behavioral Health, Inc.	<input checked="" type="checkbox"/> V <input type="checkbox"/> C	Service Description Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population
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Contract Begin Date January 1, 2001	Contract End Date June 30, 2003
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Allotment Code 318.66	Cost Center 139	Object Code 134	Fund 11	Grant <input type="checkbox"/> on STARS	Grant Code	Subgrant Code
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000	\$46,814,400			\$71,950,400
2002	\$55,843,870	\$97,900,695			\$153,744,565
2003	\$55,843,870	\$97,900,695			\$153,744,565
<b>Total</b>	<b>\$137,823,740</b>	<b>\$241,615,790</b>			<b>\$379,439,530</b>

<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached	Name Dean Daniel Address 729 Church Street, Nashville TN 37247-6501 Phone (615) 532-1362
<input type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input checked="" type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date	December 31, 2001	June 30, 2003
FY 2001	\$71,950,400	\$0
FY 2002	\$71,950,400	\$81,794,165
FY 2003		\$153,744,565
FY		
FY		
<b>Total</b>	<b>\$143,900,800</b>	<b>\$235,538,730</b>

**Funding Certification**

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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# CONTRACT SUMMARY SHEET

Contract Number	FA-01-14661-00	State Agency	Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities
RFS Number	318.66-023	Division	318.66
Contractor		Vendor ID Number	
Tennessee Behavioral Health, Inc.		<input checked="" type="checkbox"/> V— <input type="checkbox"/> C—	621621636-00

## Service Description

Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
January 1, 2001	December 31, 2001

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	139	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000	\$45,814,400			\$71,950,400
2002	\$26,136,000	\$45,814,400			\$71,950,400
<b>Total</b>	<b>\$52,272,000</b>	<b>\$91,628,800</b>			<b>\$143,900,800</b>

<input type="checkbox"/>	Fiscal Year Funding is Strictly Limited	CFDA Number	93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Address Phone	Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input checked="" type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

## COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY		
FY		
FY		
FY		
<b>Total</b>		

## Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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